

Mississippi
STATE TAX COMMISSION
TITLE BUREAU - POST OFFICE BOX 1383
JACKSON, MS 39215

CERTIFICATE OF TITLE BOND

\$ _____

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS: That we, _____

of _____, Mississippi, as Principal, and _____

of _____, a corporation incorporated under the Laws of the State of

_____, as Surety, are held and firmly bound unto the State of Mississippi, as Oblige, in

the sum of \$ _____ for the payment of which we bind ourselves, our heirs, executors, administrators,

successors and assigns, jointly and severally, firmly by these presents:

WHEREAS, the Principal has made application to the State Tax Commission of the State of Mississippi for a Certificate of Title on a certain vehicle described to wit:

MAKE & YEAR _____ MODEL _____

IDENTIFICATION NUMBER _____ TYPE BODY _____

NUMBER CYLINDERS _____ NEW OR USED _____

And under the provisions of the Mississippi Code, Section 63-21-23, (Senate Bill 1688, Laws of 1968) or any amendments thereto known as the Mississippi Motor Vehicle Title Act; The State Tax Commission is requiring this bond before issuing the applied for Certificate of Title.

Said bond shall run and be in full force and effect for a period of three (3) years from and after the effective date as shown here below and no liability shall accrue after the expiration of the three (3) year period.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the Principal shall indemnify any prior owner and lienholder and any subsequent purchaser of said vehicle or person acquiring any security interest in it, and their respective successors in interest, against any expense, loss or damage, including reasonable attorney's fees by reason of the issuance of the Certificate of Title for said vehicle or on account of any defect in or undisclosed security interest upon the right, title, and interest of the applicant in and to said vehicle, then this obligation shall be void, otherwise, it shall remain in full force and effect. **This bond will not be accepted by the State Tax Commission if it is not filed within thirty (30) days of its effective date.**

EFFECTIVE THIS THE _____ DAY OF _____, 20 _____.

Agent/Insurance Co. Name

Principal's Signature

Mailing Address

Surety

City State Zip Code

By: _____
Attorney-in-Fact

Phone Number